

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		2					54						
5		2					55						
6	1						56						
7		1					57						
8		1					58						
9		1					59						
10		2					60						
11		2					61						
12	1						62						
13		1					63						
14		1					64						
15		1					65						
16		2					66						
17		2					67						
18	1						68						
19		1					69						
20	1						70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
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26		1					76						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	8		1			
TOTAL DEP.							TOTAL DEP.	13		ED			
TOTAL CLAIMS							TOTAL CLAIMS	21		11			